

## **Attachment C**

### ***Long-Term Care Planning Grant Proposal***

#### **NORTHWEST WISCONSIN-LONG TERM CARE OPTIONS (NW-LTCO)**

**APPLICANT ORGANIZATION AND CONTACT:** Northwest Wisconsin Long-Term Care Options (NW-LTCO) is a public-private planning partnership among the following organizations: nine contiguous northwestern counties (Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, and Washburn), Community Health Partnership, Inc. (CHP), Group Health Cooperative of Eau Claire (GHC-EC), and The Management Group, Inc. (TMG). Douglas County, serving as fiscal agent for the NW-LTCO, will receive and manage the grant funds. **Contact:** Douglas County: Pat Schanen, Director; Candy Anderson, Fiscal Manager **Address:** 1316 N.14<sup>th</sup> Street, Suite 400 Superior WI. 54880; **Phone:** 715-232-1116; **Fax:** (715) 395-1370; **E-mail:** [pat.schanen@douglascountywi.org](mailto:pat.schanen@douglascountywi.org)

**PLANNING GRANT REQUEST:** The NW-LTCO is requesting a \$100,000 planning grant that will be used, in conjunction with local match funds, to design a regional long-term care, mental health/substance abuse, and health care delivery system for northwest Wisconsin. Our target is to spend 2006 and part of 2007 in planning activities, beginning rollout of the regional managed care model in mid-2007. The grant will support an active planning process in which NW-LTCO partners will be organized into working committees to develop plans for all components of the new system. Consumers will be involved as fully participating partners in all aspects of the planning and development of this new system. A local project manager will be hired, and TMG and CHP will provide consultation. TMG will facilitate the planning process that will result in the following:

**Organizational structure and governance mechanisms** for the managed care organization – a range of managed care organizational options will be described, researched, and analyzed including creation of a county purchasing collaborative to assume and sub-contract risk to a qualified managed care organization (MCO), formation of a Family Care District, creation of a new entity to be the MCO, or selection of existing MCO(s) to assume and manage risk. Through this process, an MCO option that will best fit the partnership and offer the strongest possibility of success will be selected. The specific role of each partner will be articulated and a shared governance structure will be developed that fairly balances the involvement of counties, consumers, and managed care partners. Public access to decision makers is a governance goal.

**Risk assessment and capacity profiles** – county-by-county consumer needs and risk profiles will be developed using the Long-Term Care Functional Screen, county, and Medicaid data. County resource and provider network capacity profiles will also be developed. These profiles will inform our decision on program design, risk management, and partner roles.

Financial viability and risk management plan – determination of the most acceptable approach for bearing and sharing the financial risk with the organizational structure chosen above. Components will include a plan to assure financial soundness of the program and solvency of the MCO, fair balancing of risk across partners, cost neutrality (initially), full entitlement over the long term (within 5 years assuming adequate state and federal funding), and, stability in and/or diminishing financial liability for counties. Fc v

Provider network development and workforce capacity assessment – identification of existing provider networks, projections of the need for service capacity expansion, and approaches for contracting with an expanded provider network to assure expanded access to efficient, high quality services. The assessment will quantify the direct care work force and nursing needs in light of current shortfalls and the growing population of aging consumers and those relocated from nursing homes. Approaches to recruitment and retention of the needed work force will also be addressed.

Financial, administrative, and information management infrastructure – develop specifications for the financial management structures and expertise needed to support the new system; develop a regional approach to performance-based provider contracting; assess the current local resources against these specifications; specify an approach to developing or contracting for needed services from managed care partners. Develop plans for an integrated approach to IT across the region.

Consumer-centered care management and self-direction process – develop a framework for multi-disciplinary, consumer-centered care planning; design systems to support consumer self-direction for consumers who desire it, specify associated training/staff development needs and approaches to meet them.

Consumer participation plan – develop, in partnership with interested consumers and current county-based advisory groups, a plan for effective consumer participation in care planning, program design, and policy making, which assures local access and consumer choice.

Aging and Disability Resource Centers (ADRC) – in partnership with local units on aging, centers for independence and other interested parties, develop a fundable plan for the development of region-wide access to a network of local, consumer friendly, full-service ADRC's.

Quality management plan – design a locally managed, integrated, data-based quality management system to assure continuous quality improvement in care planning, program management and efficiency, financial performance, contracted services, and improved satisfaction and improved outcomes for consumers

**AREA:** The area covered by this proposal and the integrated managed care system described is 9,448 square miles contained in the nine-county region described above.

	Population		COP and Waiver Programs			SSI (non-Waiver)*	NH	COP/ Waiver Wait List
	All	18+	Elderly	DD*	PD			
REGIONAL TOTALS	161,102	122,828	641	631	345	4,957	1,112	738

NOTE: The population counts are derived from public data, available on State of Wisconsin web sites. \*COP / Waiver DD and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

**BACKGROUND:** Each NW-LTCO county currently operates a community long-term care system serving all required target populations. These are based on the traditional Wisconsin Medicaid, Medicaid Waiver, and COP models. They each have established case management systems, provider networks, and intake and eligibility systems. Partners of NW-LTCO understand the needs and desires of consumers in the nine-county area. We have established relationships with each other, with organized consumer groups, and with providers across the region well suited to addressing key barriers. Waiting lists and the limited availability of some services such as transportation, mental health/substance abuse, housing, dental care, in-home supports, and respite care limit consumers' access to services and/or the choice of remaining in their home and community. By pooling resources, NW-LTCO's nine counties will address the unique resource, demographic, and geographic barriers individual county systems find hard to address across this large, sparsely populated area. This has the impact of limiting consumer choice of providers; forcing counties to pay higher cost for services, and limiting access to medical services because of a lack of medical transportation. Other key planning activities will focus on the development of flexible service resources and modern technology applications (such as Telehealth) that can move across county borders so that consumers will not have to. Long-term care services will be coordinated with acute and primary health care, and mental health and substance abuse services.

In addition to the county members of NW-LTCO, Group Health Cooperative of Eau Claire (GHC-EC), as a provider of primary and acute health care, brings extensive experience in Medicaid managed care and has established provider networks throughout western Wisconsin. Community Health Partnership, Inc. (CHP) operates a Wisconsin Partnership Program (WPP), providing a fully integrated managed care system for elderly and physically disabled adults. TMG has worked with all major Wisconsin long-term care programs, including WPP, Family Care, COP-W, and CIP. It has been actively involved in the design of SSI Managed Care approaches in Dane and La Crosse Counties.

**PLANNING PARTNERS AND RESOURCES:** All participating organizations in NW-LTCO are fully committed to planning for and implementation of the proposed managed care program model. All partners in the collaborative have begun strategic

planning for a regional LTC system with the capacity to meet long-term care needs with community-based services. Upon receipt of the grant, consumers and consumer groups will be actively engaged in planning and implementation of the managed care program. For example, a meeting has already been scheduled with representatives of the Coalition for Advocacy, January 10, 2007, in Hayward. Through its working committees, NW-LTCO will expand involvement to include consumer and provider partners. Organizational partner resources have already been committed to the planning and development process. Please refer to the budget section for a detailed list of partner contributions.

**COORDINATION/INTEGRATION WITH CURRENT INITIATIVES:** NW-LTCO has already begun to explore opportunities for coordinating with the ADRC in Barron County. A joint meeting is being planned with Barron County for early January to determine the best method to bring ADRCs to our region. Douglas and Rusk counties submitted applications for ADRCs that were not funded. They will take leadership within NW-LTCO to coordinate planning across the region in partnership with local units on aging and centers for independent living.

NW-LTCO partner CHP, which operates a fully integrated Wisconsin Partnership Program, has committed in-kind resources to support the NW-LTCO Project Manager, help plan the new provider network, share expertise in developing an interdisciplinary team approach, and provide human resources expertise in exploring ways to work with unions to create teams across multiple organizations. It has also made a long-term commitment to expand WPP enrollment to this region.

GHC-EC will be a full partner in the implementation of an integrated managed care model in two other regions: the West Central Consortium for Long-Term Support and Health Care Reform (built around La Crosse County) and the West Central Wisconsin-Care Management Collaborative. Since current plans call for the rollout of the LTC reform initiatives more quickly in these two regions, the experience of GHC-EC will be a critical component in the planning activities for NW-LTCO. GHC-EC has committed to make a matching grant of \$25,000.

TMG brings over 19 years experience in Wisconsin's long-term care models, as well as recent work on the design of SSI Managed Care approaches in Dane and La Crosse Counties. TMG will facilitate the planning process, provide the needed data, risk profiling, and program design-related analytical services, and assist with the development of plans to develop, train, and retain the direct care workforce. TMG has waived all fees associated with facilitating planning and drafting of the NW-LTCO's response and has committed a matching grant of \$2,000.

**READINESS FOR MANAGED CARE:** The NW-LTCO partners are committed to implementing a managed system of long-term care, serving all target populations and all eligible consumers. CHP and GHC-EC are solvent, licensed; non-profit HMO's

currently operating managed care programs for Medicaid and Medicare enrollees. GHC-EC has served the Medicaid population for 20 years. CHP has provided a fully integrated Wisconsin Partnership Program to frail elders and physically disabled adults for eight years. CHP and GHC-EC are working together to determine how to capture the synergies and strengths of both of their organizations to better serve local populations, including expansion of Medicare Advantage programs to the elderly and special needs populations. CHP and GHC-EC have each developed the full program, business and financial management systems essential to manage risk, including care management software developed by CHP that allows for an electronic record for enrolled members. CHP, TMG, and GHC provide the collaborative with the financial management, administrative services, claims/cost/utilization-based analysis, and prospective risk modeling capacity needed to successfully operate managed care programs. All of these business services are scalable to a larger and more diverse population, as well as a broader geographic region. NW-LTCO will combine this expertise with the strong commitment and well-developed local systems of its county partners to create a successful integrated managed care program.

#### **BUDGET:**

Partner	Contribution	
	In-Kind <sup>1</sup>	Cash
County Partners	\$139,320	\$20,000
Private Partners	\$116,440	\$27,000
State		\$100,000
<b>Total</b>	<b>\$255,760</b>	<b>\$147,000</b>

<sup>1</sup> Assumes each participating organization will contribute an average of 4 hours per week of staff time over an 18-month period, at a cost averaging \$50 per hour. This may vary from partner to partner. Does not include transportation costs.

Deliverables	Timeline Phase I / II
Organizational Structure and Governance Mechanisms	
Risk and Capacity Assessment	
Financial Viability/Risk Mgt. Plan	
Provider Network Development and Workforce Capacity Assessment	
Financial, Administrative and IT infrastructure assessment	
Care Management and Self-Direction	
Consumer Participation Plan	
Quality Management System Plan	
Resource Center Development Plan	

Planning/Implementation Activities	Budget Request
Consumer Participation/Stipends	\$8,500
Project Manager	\$80,000
Consultation (facilitation, data analysis, care mgt, DD prog., IT)	\$50,000
Travel and other expenses	\$8,500
<b>Total</b>	<b>\$147,000</b>

**CLOSING:** NW-LTCO is built around a group of counties that have a common commitment to serving their communities.

These nine counties share an understanding of and commitment to long-term care reform. That unity will provide the strong basis for completing the planning and development work in the months ahead. The partners all believe in a system that has a local connection for the consumer, and that serves that consumer in the tradition of Wisconsin's long history of local human services – with uniqueness, choice, access, and quality while being good stewards of the financial resources.